

**COMBINED DECLARATION AND POWER OF ATTORNEY
IN PATENT APPLICATION**

Attorney Docket No. STING CELLS

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe that I am the original, first and sole inventor (if only one name is listed below) or a joint inventor (if plural inventors are listed below) of the subject matter that is claimed and for which patent is sought on the invention entitled: METHOD FOR MAKING
STRUCTURAL CELLULAR CORES SUITABLE TO USE OF WOOD
the specification of which

(check one) ✓ is attached hereto.

_____ was filed on _____ as

Application Serial No. _____

and was amended on _____
(if applicable)

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, §1.56(a).

I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below, any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

Prior Foreign Application(s):

Priority Claimed

<u>NA</u> (Number)	 (Country)	 (Day/Month/Year Filed)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
 (Number)	 (Country)	 (Day/Month/Year Filed)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
 (Number)	 (Country)	 (Day/Month/Year Filed)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

(Serial No.)

(Status: Patented; Pending; Abandoned)

(Serial No.)

(Filing Date)

(Status: Patented; Pending; Abandoned)

(Serial No.)

(Filing Date)

(Status: Patented; Pending; Abandoned)

[illegible]


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I hereby further declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full Name of Inventor	PETER SING	Citizenship	U.S.
Residence	P.O. BOX 1691 MCLEARY WA 98557		
Post Office Address	SAME		
Inventor's Signature		Date	1/13/02

Full Name of Inventor	Citizenship
Residence	
Post Office Address	
Inventor's Signature	Date

Full Name of Inventor	Citizenship
Residence	
Post Office Address	
Inventor's Signature	Date

Full Name of Inventor	Citizenship
Residence	
Post Office Address	
Inventor's Signature	Date

Full Name of Inventor	Citizenship
Residence	
Post Office Address	
Inventor's Signature	Date

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Applicant or Patentee: PETER SING Attorney's Docket No.: SINGCELLS
Serial or Patent No.: _____ Filed / Issued: _____
For: METHOD FOR MAKING STRUCTURAL CELLULAR CORES SUITABLE
TO USE OF WOOD

**VERIFIED STATEMENT (DECLARATION) CLAIMING SMALL ENTITY
STATUS [37 CFR 1.9 (f) and 1.27 (b)] - INDEPENDENT INVENTOR**

As a below named inventor, I hereby declare that I qualify as an Independent Inventor as defined in 37 CFR 1.9 (c) for purposes of paying reduced fees under section 41 (a) and (b) of Title 35, United States Code, to the Patent and Trademark Office with regard to the invention entitled METHOD FOR MAKING STRUCTURAL CELLULAR CORES SUITABLE TO USE OF WOOD described in

☒ the specification filed herewith
☐ application serial no. _____, filed _____
☐ patent no. _____ issued _____

I have not assigned, granted, conveyed or licensed and am under no obligation under contract or law to assign, grant, convey or license, any rights in the invention to any person who could not be classified as an Independent Inventor under 37 CFR 1.9 (c) if that person had made the invention, or to any concern which would not qualify as a small business concern under 37 CFR 1.9 (c) or a nonprofit organization under 37 CFR 1.9 (c).

Each person, concern or organization to which I have assigned, granted, conveyed, or licensed or am under an obligation under contract or law to assign, grant, convey, or license any rights in the invention is listed below.

☒ no such person, concern, or organization
☐ persons, concerns or organizations listed below*

NOTE: Separate verified statements are required from each named person, concern or organization having rights to the invention averring to their status as small entities (37 CFR 1.27).

FULL NAME _____
ADDRESS _____
☐ Individual ☐ Small Business Concern ☐ Nonprofit Organization

FULL NAME _____
ADDRESS _____
☐ Individual ☐ Small Business Concern ☐ Nonprofit Organization

FULL NAME _____
ADDRESS _____
☐ Individual ☐ Small Business Concern ☐ Nonprofit Organization

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. [37 CFR 1.28 (b)].

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that those statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed.

PETER SING
NAME OF INVENTOR _____ NAME OF INVENTOR _____ NAME OF INVENTOR _____
Peter Sing
Signature of Inventor _____ Signature of Inventor _____ Signature of Inventor _____
1/13/02
Date _____ Date _____ Date _____